

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10708577 PRINT DATE 3-12-04
APPLICANT

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5							55						
6		1					56						
7		1					57						
8		1					58						
9	1						59						
10		1					60						
11		1					61						
12		1					62						
13							63						
14		1					64						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2						TOTAL IND.						
TOTAL DEP.	15	←	←	←	←		TOTAL DEP.	←	←	←	←		
TOTAL CLAIMS		██████	██████	██████	██████		TOTAL CLAIMS	██████	██████	██████	██████		

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